

STUDENT NAME: \_\_\_\_\_  
 TRAINING SITE: \_\_\_\_\_

SS # \_\_\_\_\_

**MEDICAL ASSISTING**  
**Medical Office Management**  
**Performance Evaluation Score Sheet**

**Performance rating scale:**

4 = highly skilled  
 3 = moderately skilled  
 2 = limited skill  
 1 = not skilled  
 0 = not skilled

Successfully demonstrated without supervision  
 Successfully demonstrated with limited supervision  
 Demonstrated with close supervision  
 Demonstration requires direct instruction and supervision  
 Student did not complete demonstration

*A minimum score of 3 for each of the following performance skills must be achieved to meet State skill certification requirements.*

	Date	4	3	2	1	0
<b>MEDICAL OFFICE MANAGEMENT</b>						
<b>BASIC COMPUTER KNOWLEDGE TO:</b>						
1. Generate a Patient Record						
2. Prepare a Billing Statement						
3. Complete an Insurance Form						
<b>PATIENT RECEPTION</b>						
1. Collation of Patient Records						
2. Demonstrate the Following:						
a. Opening the Office						
b. Closing the Office						
3. Greeting the Patient						
4. Responding to the Patient						
5. Escorting and Instructing the Patient						
<b>ORAL COMMUNICATION</b>						
1. Demonstrate Methods of Receiving, Placing & Recording Calls						
a. Answer the Office Telephone						
b. Receive, Evaluate & Record a Phone Message						
c. Make Referrals by Phone						
2. Schedule Appointments by Phone						

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**Medical Assisting**  
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	Date	4	3	2	1	0
<b>WRITTEN COMMUNICATION</b>						
1. Demonstrate Opening, Sorting, Annotating, Composing & Addressing Business Correspondence (with proof reading skills) - as directed by instructor.						
<b>MEDICAL RECORDS MANAGEMENT</b>						
1. Demonstrate Filing:						
a. Alphabetically						
b. Numerically						
<b>ACCOUNTING/BILLING AND COLLECTING</b>						
1. Prepare the Following:						
a. Accounts Payable & Receivable						
b. Daysheet						
c. Petty Cash						
d. Prepare Ledger						
e. Patient's Itemized Monthly Statement						
<b>BANKING SERVICE</b>						
1. Prepare a Bank Deposit						
2. Write Checks						
3. Demonstrate a Bank Reconciliation						
<b>INSURANCE</b>						
1. Complete HCFA Insurance Form						
<b>MEDICAL DICTATION</b>						
1. Demonstrate Ability to Type 25 wpm						
2. Demonstrate Ability to Transcribe Medical Dictation						
<b>RESUME/PLACEMENT</b>						
1. As Directed by Instructor						

\_\_\_\_\_  
**Teacher's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student's Signature**

*The instructor must keep this document on file for two years.*